



April 8, 2002

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Jeffery Scott Ward  
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Commissioner for Patents  
United States Patent and Trademark Office  
Washington, DC 20231  
Attn: Customer Service Center  
Initial Patent Examination Division

COPY OF PAPERS  
ORIGINALLY FILED


Hello,

This is concerning Patent Application: No. 10/081,932;  
Application Date: 02/20/2002; First Named Applicant: Jeffery Scott Ward;  
Confirmation No. 1708. *Title: CAMERA MOUNT.*

I received this Notice to File Missing Parts of Nonprovisional Application. I have sent the parts that are being asked for. Please find enclosed a copy of the money order stub I sent with my application and a copy of the trace I'm having performed since receiving this notice.

Please contact me as soon as possible to instruct me what action I need to take. You may leave a phone message at (304) 424-3670 at home or (304) 428-6400 between 1:00 and 4:30 PM at work.

Thank you for your help with this matter,

  
Jeffery Scott Ward



# CUSTOMER'S RECEIPT

KEEP THIS RECEIPT FOR YOUR RECORDS	PAY TO: <b>USPTO</b>	SEE BACK OF THIS RECEIPT FOR IMPORTANT CLAIM INFORMATION
	ADDRESS: <b>PATENT APPLICATION</b>	
	C. O. D. OR USED FOR	

SERIAL NUMBER	YEAR, MONTH, DAY	POST OFFICE	AMOUNT	CLERK
<b>03895470156</b>	<b>2002-02-20</b>	<b>261010</b>	<b>\$ 370.00</b>	<b>0010</b>

Print Money Order Serial No. in the blocks below:

0	3	8	9	5	4	7	0	1	5	6
---	---	---	---	---	---	---	---	---	---	---

Purchaser must Print Name within the blocks below:

J	E	F	F	E	R	Y	S	C	O	T	W	A	R	D
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Print Current Mailing Address below:

4	2	9	H	1	L	S	T	R	E	T
---	---	---	---	---	---	---	---	---	---	---

Second address line if necessary:

--	--	--	--	--	--	--	--	--	--	--

Print City below:

P	A	R	K	E	R	S	B	U	R	G
---	---	---	---	---	---	---	---	---	---	---

ZIP

2	6	1	0	4	2	9	A	2
---	---	---	---	---	---	---	---	---

Print Country Name (Only if unable to provide US address):

--	--	--	--	--	--	--	--	--	--	--

State

W	V
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I certify the information on this form is true and agree to repay the Postal Service, upon demand, the amount of the refund if the original money order is cashed by the designated payee, purchaser or financial institution. The rights and remedies set forth in 18 USC 287, 18 USC 1001, and 31 USC 3802 shall be incorporated as if fully set forth.

Signature of Purchaser or financial institution representative below:

x *Jeffery Scott Ward*

PS Form 8401, December 1995

To obtain a copy of a cashed money order or to receive a refund, the purchaser of the money order MUST complete ALL blocks, provide a legal signature, and present customer receipt to the Post Office for verification. Postal employee receiving inquiry MUST validate the signature and official postmark. A refund will not be issued until 60 days (180 days for International Money Order) after money order issue date.

This Area is for Official Use Only

By presence of this postmark and signature, I have verified the customer receipt presented by the purchaser.

Postal Employee's Signature

x

Postmark Here

Optional: Reference number for financial institutions or for official postal business only.



U.S. POSTAGE  
PAID  
PARKERSBURG, WV  
PERMIT NO. 101  
APR 06 02  
AMOUNT  
**\$275**  
0005-631-14

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